

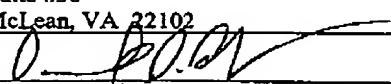
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FEB 21 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/803,085
		Filing Date	03-18-2004
		First Named Inventor	Checrallah KACHOUH
		Group Art Unit	3676
		Examiner Name	Carlos Lugo
Total Number of Pages in This Submission	17	Attorney Docket Number	740116-511

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) - Figs. 6-7 <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.		

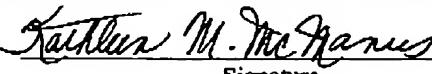
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Roberts Mlotkowski & Hobbes P.C. 8270 Greensboro Drive Suite 850 McLean, VA 22102
Signature	
Date	February 21, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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February 21, 2006
DateSignature
Kathleen M. McManus
Typed or printed name

FEB 26 2006

Complete if Known

FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. Sec 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$120.00)

Application Number	10/803,083
Filing Date	03-18-2004
First Named Inventor	Checraallah KACHOUH
Examiner Name	Carlos Lugo
Art Unit	3676
Attorney Docket No.	740116-511

METHOD OF PAYMENT (check all that apply)

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Deposit Account Name Roberts Mlotkowski & Hobbes P.C.

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 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	300	2001 Utility filing fee	
1002	200	2002 Design filing fee	
1003	200	2003 Plant filing fee	
1004	300	2004 Reissue filing fee	
1005	200	2005 Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-32** =	Extra Claims	Fee from below	Fee Paid
26	-32** =			0
Independent Claims 2	-3** =			0
Multiple Dependent		X		0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple dependent claim, if not paid
1204	200	2204 100 ** Reissue independent claims over original patent
1205	50	2205 25 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1912	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	120	2251 60 Extension for reply within first month	
1252	450	2252 225 Extension for reply within second month	
1253	1,020	2253 510 Extension for reply within third month	
1254	1,590	2254 795 Extension for reply within fourth month	
1255	2,160	2255 1,080 Extension for reply within fifth month	
1401	500	2401 250 Notice of Appeal	
1402	500	2402 250 Filing a brief in support of an appeal	
1403	1,000	2403 500 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	500	2452 250 Petition to revive - unavoidable	
1453	1,500	2453 750 Petition to revive - unintentional	
1501	1,400	2501 700 Utility issue fee (or reissue)	
1502	800	2502 400 Design issue fee	
1503	1,100	2503 550 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (item, number of properties)	
1809	790	2809 395 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810 395 For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801 395 Request for Continued Examination (RCE)	
1802	910	1802 900 Request for expedited examination of a design application	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$120.00)

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Date

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Kathleen M. McManus

Typed or printed name

SUBMITTED BY

Complete if applicable

Name (Print/Type)	David S. Safyan	Registration No. (Attorney/Agent)	27,997	Telephone	703-584-3273
Signature				Date	February 21, 2006

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